

RESIDENTIAL EXPERIENCE LOG FORM NEBRASKA REAL PROPERTY APPRAISER BOARD

TRAINEE: _____

SUPERVISOR'S NAME & CREDENTIALING #

ALL SUPERVISORS MUST BE CERTIFIED AND THE TRAINEE MUST FILE A SUPERVISOR/TRAINEE FORM WITH THE REAL PROPERTY APPRAISER BOARD FOR EACH SUPERVISOR.

ALL EXPERIENCE RECODED MUST COMPLY WITH THE UNIFORM STANDARDS OF PROFESSIONAL APPRAISAL PRACTICE (USPAP)

DATE APPRAISAL REPORT SIGNED	PROPERTY IDENTIFICATION (Legal Description or Address)	DESCRIPTION TRAINEE'S WORK PERFORMED	SCOPE OF SUPERVISING APPRAISER'S REVIEW	APPROACHES			PROPERTY TYPE: RESIDENTIAL COMMERCIAL AGRICULTURE	SCOPE OF SUPERVISING APPRAISER'S SUPERVISION	ACTUAL HOURS WORKED BY APPLICANT	ACTUAL HOURS WORKED BY SUPERVISOR
				<20 YEARS	>20 YEARS	2-4 FAMILY				
			Property Inspected <input type="checkbox"/> YES <input type="checkbox"/> NO							
			Property Inspected <input type="checkbox"/> YES <input type="checkbox"/> NO							
			Property Inspected <input type="checkbox"/> YES <input type="checkbox"/> NO							
			Property Inspected <input type="checkbox"/> YES <input type="checkbox"/> NO							
			Property Inspected <input type="checkbox"/> YES <input type="checkbox"/> NO							
			Property Inspected <input type="checkbox"/> YES <input type="checkbox"/> NO							
			Property Inspected <input type="checkbox"/> YES <input type="checkbox"/> NO							
			Property Inspected <input type="checkbox"/> YES <input type="checkbox"/> NO							

TOTAL HOURS

Date: _____

Supervisor's Signature: _____

Applicant's Signature _____